



Client No. 2036		Client Name O.H. metals				Location 1002 Oswego St. Waco				Date 3/16/87															
Facility Equipment 1		Detector Clock 1		Weapon No. —		Holster —		Nightsight —		Raincoat 1		Flashlight 1		Other Gate; Trailer Keys, phone											
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) ofc. K. Felix						Officer—Swing Shift (Name) ofc. R. Dealing						Officer—Grave Shift (Name) ofc. D. Kokozi											
		Shift						Shift						Shift											
		Began		AM-PM		Ended		AM-PM		Began		AM-PM		Ended		AM-PM		Began		AM-PM		Ended		AM-PM	
Observations or actions taken		Yes	No	Explanation				Yes	No	Explanation				Yes	No	Explanation									
Rounds or stations missed			✓						✓						✓										
Unlocked doors, gates or windows			✓						✓						✓										
Unlocked vaults or safes			✓						✓						✓										
Fire-smoke-or hazards			✓						✓						✓										
1. Extinguishers missing or defective			✓						✓						✓										
2. Sprinkler system defective			✓						✓						✓										
3. Fire doors or exits blocked			✓						✓						✓										
4. Rubbish accumulation			✓						✓						✓										
5. Motors running			✓						✓						✓										
6. Lights left burning			✓					✓	AS needed					✓											
Injury hazards			✓						✓						✓										
Visitors			✓						✓						✓										
Trespassing			✓						✓						✓										
Violation of company rules			✓						✓						✓										
Remarks BROKEN CONCRETE FELL FROM WINDOW LEDGE OF BLD G. ON NOYES ST. SIDE, LOOKS LIKE WINDOW LEDGE HAS MORE LOOSE AND BROKEN CONCRETE. READY TO FALL. (RK)																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2. Did you suffer any illness?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Signatures		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
				Kenneth Felix								R. Dealing								D. Kokozi					
Signatures		2.								2.								2.							
Signatures		3.								3.								3.							

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